



CANNON BUILDING  
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DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**DEPARTMENT OF STATE**  
DIVISION OF PROFESSIONAL REGULATION

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**REAL ESTATE COMMISSION**  
**STUDENT/INSTRUCTOR EVALUATION FORM**

COURSE SPONSOR \_\_\_\_\_ DATE \_\_\_\_\_

TOPIC \_\_\_\_\_

COURSE TITLE \_\_\_\_\_

INSTRUCTOR(S) NAME(S) \_\_\_\_\_

Please rate the instructor according to the following scale:

Excellent ----- 5  
Above Satisfactory ----- 4  
Satisfactory ----- 3  
Needs Improvement ----- 2  
Unsatisfactory ----- 1

COMPETENCE

Demonstrates in-depth knowledge of subject 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐

Application of knowledge to teaching 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐

Made the subject matter understandable 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐

ORGANIZATION

Well-prepared for the presentation 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐

STUDENT RAPPORT

Encouraged your participation through  
questions & answers 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐

Made you feel comfortable and at ease 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐

MOTIVATION

Showed enthusiasm for subject 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐

PRESENTATION SKILLS

Presented ideas clearly and understandably 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐

Used varied techniques to keep your attention 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐

Overall evaluation of the instructor 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐

COMMENTS: \_\_\_\_\_

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